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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 153501-0375
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) <u>Capstone Turbine Corporation</u>		
Patent Number <u>5,915,841</u>	Date Patent Issued <u>June 29, 1999</u>	
Title of Invention <u>COMPLIANT FOIL FLUID FILM RADIAL BEARING</u>		
<p>1. <input checked="" type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
<p>The assignee(s) owning an undivided interest in said original patent is/are <u>Capstone Turbine Corporation</u> and the assignee(s) consents to the accompanying application for reissue.</p>		
Name of assignee/inventor (if not assigned) <u>Capstone Turbine Corporation</u>		
Signature	Date	
<p>Typed or printed name and title of person signing for assignee (if assigned)</p> <p><u>Jeffrey Watts, Chief Financial Officer</u></p>		

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0935568-062901

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re reissue application of:)
)
 U. S. Patent No: **5,915,841**)
)
 Issued : **June 29, 1999**)
)
 Inventor(s) : **Weissert, Dennis H.**)
)
 For : **COMPLIANT FOIL FLUID FILM**)
RADIAL BEARING)
 _____)

ASSENT OF ASSIGNEE
AND CERTIFICATION UNDER 37 CFR 3.73(b)

Commissioner for Patents
 Washington, D.C. 20231

Sir:

Capstone Turbine Corporation, assignee of the entire interest in the above-referenced letters patent, hereby assents to the accompanying application for reissue.

Capstone Turbine Corporation, ("assignee"), a corporation having a place of business at 21211 Nordhoff Street, Chatsworth, California 91311, certifies that to the best of assignee's knowledge and belief it is the assignee of the entire right, title, and interest in and to the above-referenced patent and represents that the undersigned is a representative authorized and empowered to sign on behalf of the assignee.

CAPSTONE TURBINE CORPORATION

Dated: _____

By: Jeffrey Watts
 Its: Chief Financial Officer

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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
153501-0375

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,918,841, granted June 29, 1999, and for which a reissue patent is sought on the invention entitled COMPLIANT FOIL FLUID FILM RADIAL BEARING

the specification of which

☒ is attached hereto.

☐ was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☐ by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The full breadth of available dependent claims was not captured in the patent as allowed.

[Page 1 of 2]

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

153501-0375

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s)

Registration Number

Correspondence Address: Direct all communications about the application to:



Customer Number

29000

Type Customer Number here

Place Customer Number Bar
Code Label here

<input type="checkbox"/> Firm or Individual Name	Irell & Manella				
Address	1800 Avenue of the Stars				
Address	#900				
City	Los Angeles	State	CA	Zip	90067
Country	USA				
Telephone	(310) 277-1010	Fax	(310) 203-7199		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.					
Full name of sole or first inventor (given name, family name) Dennis H. Weissert					
Inventor's signature			Date		
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Full name of second joint inventor (given name, family name)					
Inventor's signature			Date		
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Mailing Address					
Full name of third joint inventor (given name, family name)					
Inventor's signature			Date		
Residence			Citizenship		
Mailing Address					
<input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.					

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